

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/669,598

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2	1						52							
3	1						53							
4	3						54							
5	①						55							
6	①						56							
7	①						57							
8	①						58							
9	1						59							
10	1						60							
11	1						61							
12	1						62							
13	1						63							
14	1						64							
15	3						65							
16	3						66							
17	3						67							
18	3						68							
19	5						69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	9						TOTAL IND.							
TOTAL DEP.	20	↔					TOTAL DEP.		↔					↔
TOTAL CLAIMS	29						TOTAL CLAIMS							